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<b>SERIAL NUMBER</b> 10/765,430	<b>FILING OR 371(c) DATE</b> 01/26/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 34834/US/2-475387- 20
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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/442,392 01/24/2003 *IKK*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\****IKK*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

**\*\* 05/01/2004** *IKK*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 39	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>IKK</i>				
Verified and Acknowledged Examiner's Signature <i>Duke</i> Initials <i>IKK</i>				

**ADDRESS**

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**TITLE**

System and method for identifying tissue using low-coherence interferometry

<b>FILING FEE RECEIVED</b> 950	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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